

Application for Construction Code Appeal
Michigan Department of Licensing and Regulatory Affairs
Bureau of Construction Codes
P.O. Box 30255, Lansing, MI 48909
517-241-9303
www.michigan.gov/bcc

141/116/131/99

Agency Use Only

Application Fee: \$500.00

Authority: 1972 PA 230

Penalty: Failure to provide the information may result in denial of your request.

LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

Note: The applicant is responsible for all fees applicable to this application.

CODE UNDER WHICH APPEAL IS SOUGHT

☐ Building (141)

☐ Electrical (116)

☐ Mechanical (131)

☐ Plumbing (99)

APPLICANT (Note: All correspondence will be sent to this address)

NAME OF COMPANY

TELEPHONE NUMBER (Include Area Code)

APPLICANT NAME

E-MAIL ADDRESS

ADDRESS

CITY

STATE

ZIP CODE

FAX NUMBER (Include Area Code)

Instructions for Application for Construction Code Appeal

Facility Information: Provide all information requested.

Building Data: Provide all information requested from the building permit or plan review.

Permit Holder: Provide the information requested for the entity named on the permit.

Building Owner: Provide the information requested for the entity that owns the building, which is the subject of the appeal.

Building Permit Authority: Provide all information requested for the enforcing agency.

Summary of Appeal: Code; provide the code under which an appeal is sought. Code Section(s); provide the code section(s) that are the subject of the appeal. Desired Relief; describe the remedy being sought. Basis of Appeal; provide a brief statement why the requested remedy should be granted.

Note: If the decision being appealed is that of a local Board of Appeals, this application and the filing fee must be received in our office within 10 business days of the filing of the decision of the local board of appeals in accordance with Section 16 of 1972 PA 230. Please provide a copy of the final decision of the local Board of Appeals.

U.S. Postal Service

MI Dept. of Licensing and Regulatory Affairs
Bureau of Construction Codes
Administrative Services Division
P.O. Box 30255
Lansing, MI 48909

Courier Other Than U.S. Postal Service

MI Dept. of Licensing and Regulatory Affairs
Bureau of Construction Codes
Administrative Services Division
2407 N. Grand River Avenue
Lansing, MI 48906

Validation Area

| | | | | |
|---|------|------------------------|---|--------------------------------------|
| FACILITY INFORMATION | | | | |
| FACILITY NAME | | | ADDRESS | |
| NAME OF CITY, VILLAGE OR TOWNSHIP IN WHICH FACILITY IS LOCATED | | | COUNTY | |
| <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township Of: _____ | | | | |
| BUILDING DATA | | | | |
| GROSS FLOOR AREA | | | | |
| <input type="checkbox"/> New Building _____ <input type="checkbox"/> Addition _____ <input type="checkbox"/> Alteration _____ <input type="checkbox"/> Repair _____ | | | | |
| CLASSIFICATION PER BUILDING CODE | | | | |
| Building Use _____ Construction Type _____ No. of Occupants _____ Area/Floor _____ No. of Floors _____ | | | | |
| PERMIT HOLDER | | | | |
| NAME (Company or Individual) | | CONTACT PERSON | | TELEPHONE NUMBER (Include Area Code) |
| ADDRESS | CITY | STATE | ZIP CODE | FAX NUMBER (Include Area Code) |
| BUILDING OWNER | | | | |
| NAME (Company or Individual) | | CONTACT PERSON | | TELEPHONE NUMBER (Include Area Code) |
| ADDRESS | CITY | STATE | ZIP CODE | FAX NUMBER (Include Area Code) |
| BUILDING PERMIT AUTHORITY | | | | |
| ENFORCING AGENCY | | BUILDING OFFICIAL NAME | | TELEPHONE NUMBER (Include Area Code) |
| ADDRESS | CITY | STATE | ZIP CODE | FAX NUMBER (Include Area Code) |
| | | MI | | |
| SUMMARY OF APPEAL | | | | |
| CODE SECTION(S) | | | Provide copies of the following as appropriate: <input type="checkbox"/> Statement of Facts and Reasoning <input type="checkbox"/> Copy of Enforcing Agency Determination <input type="checkbox"/> Supporting Material <input type="checkbox"/> Copy of Decision of Local Board of Appeals <input type="checkbox"/> Transcript of Local Board of Appeals Hearing | |
| DESIRED RELIEF (State Briefly) | | | | |
| BASIS OF APPEAL (State Briefly) | | | | |
| APPLICANT SIGNATURE | | | | DATE |